



FINANCIAL AID REQUEST FORM

TADA!'s mission is to provide a safe, creative and nurturing place where kids can harness their inherent energy, build their self-assurance and realize their true potential through the unique collaborative art form that is musical theater. TADA!'s true focus is on youth development. Through TADA!'s work, young people gain confidence and learn commitment, responsibility, communication and teamwork—skills that are critical to their success both in school and in life. To that end, TADA! makes need-based scholarships and financial aid packages available to those children whose parents can illustrate a significant financial need.

Please complete for each child needing financial assistance. **You must include a copy of one of the following: 2008 or 2009 tax filing form; 2008 or 2009 W-2; or official documentation of Public Assistance.** Funders require accurate profiles of the children served through this program. All questions must be answered completely.

Form should be printed, completed and mailed or faxed to the information below. **TADA! must be in receipt of financial aid request forms no less than 2 weeks before the start of any class or camp in order for it to be considered.**

Child's Information

Child's Last Name _____ Child's First Name _____

Address _____

Date of Birth _____ Gender _____

Which TADA! Class Are You Applying For? _____

Family Background:

- | | |
|---|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |

Name of Person Child Presently Lives With _____

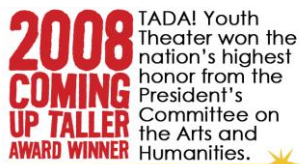
Relationship to Child _____

Home Phone _____ Work Phone _____

School _____ Grade _____ School District _____

Does Child's School Charge Tuition?

- Yes No





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Total Tuition Cost _____ Amount of Financial Aid _____

Does Child presently take extracurricular classes?

Yes No

If Yes, Where? _____

Cost Of The Class _____ Amount of Financial Aid _____

Parent's Information

Mother's Name _____

Address _____

Work Phone _____ Home Phone _____

Mother's Occupation _____ Mother's Employer _____

Father's Name _____

Address _____

Work Phone _____ Home Phone _____

Father's Occupation _____ Father's Employer _____

Family Information

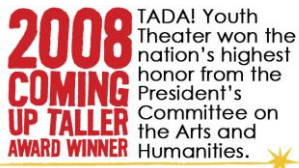
Parental Status (Check all that apply)

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Father | <input type="checkbox"/> Father |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Deceased | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Disabled Parent | Parent | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |

How Many Children (Other Than The Applicant) Live In the Home? _____

How Many of Those Children's' Schools Charge Tuition? _____

How Much Financial Aid Do They Receive? _____





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Financial Information – Income (for last 12 months)

Annual Household Income_____

Annual Income of Parent/Guardian not in Household_____

Annual Child Support Received_____

Annual Social Security/Disability Benefits_____

Annual Unemployment Benefits_____

Social Security Benefits_____

Dividend/Interest Income_____

Alimony Received_____

Annual Child Support received_____

Net Profit/Loss from Business_____

Other Income (describe)_____

TOTAL HOUSEHOLD INCOME_____

Expenses (for last 12 months)

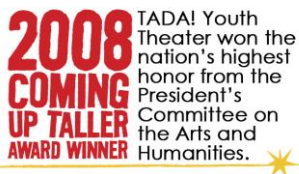
Annual rent/mortgage payment_____

Annual Child-care Expenses_____

Annual Extra-curricular Expenses (for all children living in household) _____

Other Annual Expenses (describe)_____

TOTAL ANNUAL EXPENSES_____





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TADA! Background

Have you previously applied for financial aid from TADA!? _____

If so, when did you file your last application? _____

What was the most recent amount that you paid? _____

Please provide a brief description of your circumstances and reason for request: _____

- I attest that all of the above information is complete and honest to the extent of my knowledge. I recognize that false claims of need may result in a cancelled registration will be cancelled and child will no longer be enrolled in TADA! classes, whether currently attending or as a prospective student.

Signature

Date

